New Mexico Action Plan – COD Policy Academy

April 2006

Team leaders:

Patricia Singer and Fred Sandoval

Vision Statement:

All people of New Mexico have the opportunity for a fulfilling life with access to effective, individualized, culturally appropriate, and integrated care and services.

New Mexico Goals – as outlined January 2005, Washington, D.C. by New Mexico's COD Policy Academy:

- Integration of co-occurring planning and implementation process into the state behavioral health plan through multi-agency decision-making structure. (Priority One)
- Consumer and families are partners at all levels and in all arenas. (Priority Four)
- Co-occurring workforce development: recruit, train, retain. Develop certification/licensure for co-occurring providers. Increase peer providers. (Priority Two and Priority Four)
- Clinical services integration, including universal screening; standardized assessment process; implementation of evidence-based, consensus-based, best practices; evaluation; QA/QI/QM; dissemination of research and other information. (Priority Three)
- Promotion of public understanding and support for integrated COD services.
- Alignment of policies, procedures, regulations, and reimbursement to support integrated system COD services. Full administrative operating systems integration. (addressed in part by Priority One)
- Recognition and attention to the diverse needs of the New Mexico population including child/adolescent, cultural/ethnic, socio-economic, urban/rural population, and LGBT; i.e. cultural competency in all areas and through all populations.
- Prevention: infants, children, adolescents, adults, older adults, families, veterans (Iraq returning National Guardsmen), Native Americans.

New Mexico Action Plan – 4 priorities were chosen and developed from the above list of goals

PRIORITY ONE – last revised April 2005: Integrate COD Planning & Implementation process into State Behavioral Health Plan						
Strategies	**Actions**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 1.1 Integrate COD Policy Academy Plan and COSIG.	Action 1.1.1 Obtain broader representation on COD Policy Academy including representatives from : state legislative body, Aging and Long Term Services Department of NM (ALTSD), VA, National Guard, governor's office primary healthcare providers, community psychiatrists.	Grant Director Elaine Benavidez, and Grant Manager Trish Singer	Fred Sandoval and Erma Sedillo for legislative liaison; Fred Sandoval and Leslie Tremaine for VA and National Guard; Trish Singer for others with help of COD policy academy members	Build broader support for integrated services for COD, and obtain broader input into formation of COD state plan.	Broader representation of key stakeholders on state COD implementation team (COD taskforce) as reflected in membership list.	May 2005
	Action 1.1.2 Complete and submit COD policy academy plan to SAMHSA.	Trish Singer	Trish Singer with COD policy academy members	Determine state priorities for enhancing services for people with COD.	Completed COD policy academy plan.	April 2005
	Action 1.1.3 Integrate Implementation teams – COD policy academy and COSIG – to form COD implementation team (COD taskforce).	Trish Singer	Trish Singer with Elaine Benavidez and Fred Sandoval	Formation of implementation team (COD taskforce) representing multiple state agencies and key stakeholder groups which will oversee implementation of goals outlined in plan.	Formation of COD implementation team (COD taskforce).	May 2005
	Action 1.1.4 Integrate plans – COD and COSIG.	Trish Singer	COD implementation team (COD taskforce).	Comprehensive state plan to support improved COD services endorsed by multiple state agencies and key stakeholder groups.	One integrated state COD plan.	June 2005

Strategy 1.2 Integrate the COD Plan under the State Behavioral Health Plan.	Action 1.2.1 Submit the COD Plan to the state BH Planning Council's substance abuse subcommittee and to the appropriate subgroup of the state BH Purchasing Collaborative for review and comment.	Fred Sandoval and Elaine Benavidez	Fred Sandoval and Elaine Benavidez	To engage the state BH Planning Council's substance abuse subcommittee and the appropriate subgroup of the state BH Purchasing Collaborative in the COD planning process, and elicit feedback to the COD Plan.	Feedback to COD Plan obtained from state BH Planning Council's substance abuse subcommittee and the appropriate subgroup of the state BH Purchasing Collaborative.	July 2005
	Action 1.2.1 Submit modified COD Plan to the appropriate subgroup of the state BH Purchasing Collaborative for endorsement.	Fred Sandoval	Fred Sandoval and Elaine Benavidez	Modified COD Plan, is endorsed and adopted by the appropriate subgroup of state BH Purchasing Collaborative, for presentation to state BH Purchasing Collaborative.	Appropriate subgroup of state BH Purchasing Collaborative endorses a state COD Plan.	Summer 2005
	Action 1.2.3 Present the State COD Plan to the state BH Purchasing Collaborative as informational item.	Trish Singer	Trish Singer / Leslie Tremaine	Receive preliminary feedback and provide a status report to the Collaborative.	Present as informational item at a Collaborative meeting.	Summer 2005
	Action 1.2.4 Present the State COD Plan to the state BH Purchasing Collaborative for review and approval with draft of potential contract language.	Trish Singer	Trish Singer / Leslie Tremaine	Receive approval and endorsement of COD Plan and draft contract language from Collaborative.	Present as "Action" item at Collaborative meeting. Written draft of contract language regarding integrated care for persons with COD.	Fall 2005
	Action 1.2.5 Integrate COD implementation team (COD taskforce) and their functions into the state BH Purchasing Collaborative	Trish Singer/ Elaine Benavidez	Elaine Benavidez	Identify COD implementation team and interface their functions with	Organizational structure determined and documented.	Fall 2005

	structure.			appropriate subgroup of state BH Purchasing Collaborative		
	Action 1.2.6 Present state COD State Plan to governor's office for endorsement.	Leslie Tremaine, Elaine Benavidez	Trish Singer with COD implementation team (COD taskforce)	Endorsement of COD Plan by Governor's office and support for implementation consistent with COD Plan.	Written endorsement of COD Plan by Governor's office. Written plan/strategy of support for implementation of COD Plan.	Fall 2005

PRIORITY TWO – last revised April 2006: COD Workforce Development

Strategies	Actions	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
2.1 To create a more fluid expansion of workforce by increasing recognition of COD provider workforce needs, through education of this need to relevant licensing boards.	Action 2.1.1 Identify and partner with existing New Mexico groups working on this priority.	Co-leaders of COD Policy Academy, COSIG director	COD taskforce, COSIG staff, professional groups	Identification and coordination of NM groups working towards this priority.	List of groups and plan of coordination.	Fall 2006
	Action 2.1.2 Work with Counseling and Therapy Practice Board, Board of Social Work Examiners, New Mexico Board of Psychologist Examiners, and Board of NM Medical Examiners to create recognition of COD proficiency/expertise.	Co-leaders of COD Policy Academy, COSIG director	COD taskforce, COSIG staff, professional groups	Formal recognition mechanism of COD proficiency/expertise.	Written policy.	2007
	Action 2.1.3 Work with Counseling and Therapy Practice Board, Board of Social Work Examiners, New Mexico Board of Psychologist Examiners, and Board of NM Medical Examiners to create recognition of COD providers in other states, encompassing in that recognition their education, their work experience, and their licensure, in order to allow greater flexibility in licensing reciprocity.	Work on this has been lead by Karen Meador, director of BHSD	Team of Collaborative members, under direction of the Governor's office	Formal recognition of COD provider licensing in other states, resulting in greater flexibility in licensing reciprocity.	Written report to governor, December 2005. Regulatory changes were passed in February 2006 regarding reciprocity and lengthened temporary license period.	Done.
	Action 2.1.4 Continue work with New Mexico Medicaid to recognize the variety of providers in the COD profession, and work towards expansion of COD proficiency within all provider categories.	Service definition committee of HSD	State Medicaid staff, VO staff	Recognized mechanism for COD proficiency for all BH provider categories.	Written policy and plan for supporting COD proficiency in all BH provider categories.	Fall 2006

Strategy 2.2 To increase alignment with all New Mexico institutions of learning in regards to need for consistency in COD training/education of students in academic areas of counseling, social work, human services, nursing, psychology and psychiatry, with reality of workforce demands, and licensing concerns.	Action 2.2.1 Identify and partner with existing New Mexico groups working on this priority, including NM Consortium of BH Training and Research (NMCBHTR) – a collaboration of NM educational institutions providing BH training.	Co-leaders of COD Policy Academy, COSIG director	COSIG staff, partner groups, NMCBHTR, with input from COD Policy Academy	Identification and coordination of NM groups working towards this priority.	List of groups and plan of coordination.	Fall 2006
	Action 2.2.2 Inventory current training /educational resources in New Mexico.	Co-leaders of COD Policy Academy,	NMCBHTR is likely to undertake this task.	Identification of current COD training /educational resources in New Mexico.	List of COD training /educational resources in New Mexico.	Fall 2006
	Action 2.2.3 Prioritize training/education needs of New Mexico workforce: e.g. institutional training, CEU's, VO-based provider training	COSIG , VO, (and with NMCBHTR?)	COSIG and VO staff with input from COD Policy Academy	Prioritize NM workforce needs in regards COD training/education.	Written plan addressing priorities for improving COD training/education of NM BH providers.	Spring 2006
	Action 2.2.4 Explore/support creation of a New Mexico practicum/internship/residency site network, to be used and implemented by New Mexico institutions of learning for their students. Consider inclusion of neighboring states.	Co-leaders of COD Policy Academy, (and with NMCBHTR?)	Possibly NMCBHTR staff/partners with input from COD Policy Academy	Improved coordination and access to clinical COD training.	Easily accessible, up-to-date list of clinical training sites, most likely located on a website.	2007-2008
	Action 2.2.5 Explore/support creation of Associate level programs within New Mexico institutions of learning aligned with requirements for the upcoming Community Support Worker, as per the new Comprehensive Community Support Services definition created for the statewide BH entity (ValueOptions).	Co-leaders of COD Policy Academy, (and with NMCBHTR?)	Possibly NMCBHTR staff/partners with input from COD Policy Academy	Creation of Associate level program for Community Support Worker, incorporating COD competencies.	Offering of Associate level program at one or more educational institutions in NM.	2007-2008

Strategy 2.3 To increase recruitment and retention of qualified COD workforce and COD agencies.	Action 2.3.1 Identify and partner with existing New Mexico groups working on this priority.	Co-leaders of COD Policy Academy, COSIG director	COSIG staff, partner groups, NMCBHTR, with input from COD Policy Academy	Identification and coordination of NM groups working towards this priority.	List of groups and plan of coordination.	Fall 2006
	Action 2.3.2 Determine factors related to successful recruitment and retention of qualified COD workforce in NM.	Co-leaders of COD Policy	COD Policy Academy workgroup to review NM Needs/Gaps Analysis report	Improved recruitment and retention of COD workforce in NM.	Written report outlining factors related to successful recruitment and retention of qualified COD workforce in NM.	Summer 2006
	Action 2.3.3 Explore issues of competitive staff reimbursement in non-profit or not-for-profit COD agencies, related to COD proficiency.	Co-leaders of COD Policy Academy, (and with NMCBHTR?)	Possibly NMCBHTR staff/partners with input from COD Policy Academy	More competitive salaries and benefits for workforce with COD proficiency (leading to improved recruitment of retention of qualified COD workforce).	Written report evaluating and recommending means of improving salaries and benefits in BH agencies, related to COD proficiency.	2007-2008
	Action 2.3.4 Support the New Mexico Commission of Higher Education to create student loan forgiveness programs for those trained and educated in the academic areas of counseling, social work, human services, nursing, psychology, and psychiatry, working for BH provider serving state clients.	Co-leaders of COD Policy Academy, (and with NMCBHTR?)	Possibly NMCBHTR staff/partners with input from COD Policy Academy	Improved retention of qualified BH workforce in NM.	Enactment of loan forgiveness program.	2007-2008

PRIORITY THREE – last revised April 2006:
Create a Clinical Service Integration System to ensure the provision of quality care to COD customers

Strategies	Actions	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Establish universal screening and assessment protocols	Action 3.1.1 Universalize a COD screening process and identify a menu of culturally and clinically appropriate instruments. Each will have the core data elements.	Co-leaders of COD Policy Academy	COSIG staff working with Academy members/ workgroup perhaps NMCBHTR*, and VO for presentation/ recommendation to the state BH Purchasing Collaborative, *NMCBHTR = New Mexico Consortium for Behavioral Health Training and Research	1. Generation of a list of standardized, validated screening instruments from which providers may choose 2. All providers complete COD screenings at the outset of service provision.	1. Research and collect a set of instruments for screening mental illness, substance use disorders or both in an integrated manner. 2. Provide a series of statewide trainings for providers on how to choose, utilize, and analyze the screening results. 3. Mandate a start date by which providers will be screening for COD issues (e.g. through ValueOptions contract)	Fall 2006 Spring 2007 Spring 2007
	Action 3.1.2 Identify an integrated assessment process or processes incorporating a menu of appropriate, standardized, and validated methods	Co-leaders of COD Policy Academy	COSIG staff working with Academy members/ workgroup perhaps NMCBHTR*, and VO for presentation/ recommendation to the state BH Purchasing Collaborative,	1. Generation of a list of standardized, validated assessment instruments from which providers may choose. 2. Ensure the availability of qualified professionals for completing COD evaluations and diagnoses throughout the state.	1. Research and collect a set of instruments for evaluating mental illness, substance use disorders, or both in an integrated manner. 2. Identify the minimum qualifications for professionals completing assessment within the COD community. 3. Provide training to qualified evaluators on the chosen assessment instruments.	Winter 2006-7 Spring 2007 Summer 2007

					4. Mandate a start date by which providers will develop and offer an integrated assessment process or processes (e.g. through ValueOptions contract)	Spring 2007
	Action 3.1.3 Establish guidelines for treatment disposition based on screening/assessment data and consumer choice for recovery	Co-leaders of COD Policy Academy	COSIG staff working with Academy members/ workgroup perhaps NMCBHTR*, and VO for presentation/ recommendation to the state BH Purchasing Collaborative,	1. Clients will be steered into appropriate treatment settings (mental health, substance abuse, or integrated) based on the results of screening and assessment at entry into system. 2. A systematic method for matching client needs and wishes with community resources will be in place.	1. Identify the appropriate needed levels of care and identify community programs that are able to provide specific levels. 2. Identify assessment guidelines that match specific evaluation outcomes with levels of available care. 3. Develop a referral process that ensures a smooth transition between providers completing assessments and those providing services.	Winter 2006-7 Winter 2006-7 Spring 2007

Strategies	Actions	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.2 Implement consensus-based and evidence-based treatment programs across the state	Action 3.2.1 Identify treatment methodologies appropriate to community settings and to provide relevant training to providers	Co-leaders of COD Policy Academy	COSIG staff working with Academy members/ workgroup, appropriate state dept staffs, NMCBHTR and VO, for presentation/ recommendation to the state BH Purchasing Collaborative,	1. The State will identify a menu of appropriate treatment modalities and disseminate the information to providers via contract with ValueOptions. 1. Providers will have access to information, training, and assistance in implementation of consensus and evidence-based practices in COD treatment.	1. Utilize resources at the state and national level to identify promising consensus and evidence-based practices for working with COD clients. 2. Selection of culturally and clinically appropriate set of tools to be identified as consensus or evidence-based practices for the state. 3. Establish a "technology transfer" mechanism, with NMCBHTR and in collaboration with ValueOptions, to provide information, training, and guidance to providers implementing COD programs (see Strategy 3.3).	Fall 2007 Winter 2007-8 Spring 2008
	Action 3.2.2 Work with various funding sources to acquire appropriate reimbursement for provision of services.	Co-leaders of COD Policy Academy, with appropriate state authorities	COSIG staff working with Academy members / workgroup, appropriate state dept staff, and other appropriate groups, for presentation/ recommendation to the state BH Purchasing Collaborative.	Establish support and funding for implementation of COD services	1. Develop a strategy for approaching funding sources with justification and proposals for service reimbursement. 2. Work with state BH Purchasing Collaborative to ensure that COD services are made a priority in funding distribution. 3. Meet with individual payor sources to negotiate appropriate reimbursement rates and requirements for COD services.	Spring 2007 Summer 2007 Winter 2007-8
	Action 3.2.3 Identify potential "nontraditional" adjunctive treatment modalities and explore	Co-leaders of COD Policy Academy	COSIG staff working with Academy members/ workgroup,	1. Establish a methodology for integrating nontraditional (cultural/spiritiual) practices with evidence- and consensus-based practices in	1. Gather input from providers regarding effective adjunctive treatment methodologies for treating mental illness and substance abuse.	Fall 2006

	integration with consensus-based/evidence-based practices.		appropriate stakeholder groups, NMCBHTR, and VO for presentation/ recommendation to the state BH Purchasing Collaborative.	the treatment of COD.	2. Work with providers to find ways of integrating consensus- and evidence-based practices with their traditional treatment practices, in a way that demonstrates fidelity with both models. 3. Develop reimbursement mechanisms.	Spring 2007 Fall 2007
	Action 3.2.4 Create a mechanism for centralized QA/QI/QM activities to ensure fidelity of consensus-based/evidence-based practices and evaluate local innovation – make sure that we cover region/local continuum of care – matching treatment with treatment needs.	Co-leaders of COD Policy Academy	COSIG staff working with Academy members/ workgroup, appropriate stakeholder groups, NMCBHTR, and VO for presentation/ recommendation to the state BH Purchasing Collaborative.	1. Develop systematic methods for analyzing the integration of consensus- and evidence-based practices and adapting models accordingly. 2. Encourage local innovation and evaluate successes and failures of efforts, with a goal of creating local/cultural best practices in the treatment of COD.	1. Identify critical variables for the treatment of COD by which programs can be evaluated. 2. In collaboration with ValueOptions, develop and implement a process for Quality Assurance, Quality Improvement, and fidelity assessment of innovative programs.	Spring 2006 Fall 2006

Strategies	Actions	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.3 Establish a statewide technology transfer mechanism	Action 3.3.1 Identify funding sources for development of a technology transfer process (post-COSIG)	Co-leaders of COD Policy Academy	COSIG staff working with Academy members NMCBHTR and VO, for presentation/ recommendation to the state BH Purchasing Collaborative.	Continued funding support for an integrated technology transfer mechanism that will be responsible for dissemination of information, training, quality analysis, and oversight of COD treatment programming in the State.	Established funding mechanism, perhaps integrated with the Behavioral Health Institute	Spring 2007
	Action 3.3.2 Provide mechanism for conducting outcome evaluation and research practice, particularly as related to local innovation	Co-leaders of COD Policy Academy	COSIG staff working with Academy members, NMCBHTR and VO.	The COSIG Implementation Center, in collaboration with ValueOptions, will develop a process for Quality Assurance, Quality Improvement, and fidelity assessment of innovative programs	Establish CQI process to monitor performance, quality, and innovation among provider programs.	Summer 2007
	Action 3.3.3 Establish a multi-modal mechanism for dissemination of information, data, research, and opportunities regarding COD services,	Co-leaders of COD Policy Academy	COSIG staff working with Academy members, NMCBHTR and VO.	Create a process by which information about treatment for COD is disseminated to providers in a timely, appropriate, and accessible manner.	Establish a working collaboration with NMCBHTR and VO to promote the collection and dissemination of information regarding the treatment of COD.	Fall 2007.

PRIORITY FOUR – last revised April 2006:
Consumers (adults, youth, children and families) who receive services around COD, and their supporters (families, friends, and advocates), will partner at all levels and in all arenas.*

**Throughout this document the term "consumers" refers to adults, youth, and children and families who receive services for COD; and the term "supporters" refers to families, friends, advocates.*

*** Definition of termsfrom The President's New Freedom Commission on Mental Health:*
***Recovery** refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.*
***Resiliency** means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimisim, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing support for their members.*

Strategies	Actions	Manager	Imple-menter	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1 In collaboration with the COSIG Implementation Center educate individuals, communities, state organizations, about COD, EBPs, and recovery/resiliency** in order to develop constructive dialogue for promotion, prevention and intervention.	Action 4.1.1 In support of this priority, the COSIG Implementation Center (IC) will create and fund one full-time position, or 2 half-time positions, for the Director of COSIG Consumer/Supporter Partnership Initiatives. This position will be filled by individual(s) experiencing recovery/resiliency from co-occurring mental health and substance use disorders. Preference would be given to person(s) with the additional experience as parent/guardian of child or youth with co-occurring disorders. This staff person(s) scope of work will include priorities/activities here outlined.	IC director O.Dodson	IC director	Funded staff position to oversee and direct consumer/family initiatives regarding COD services.	1 FTE position filled with 1-2 competent, dedicated individual(s) with h/o recovery from co-occurring disorders.	Fall 2006
	Action 4.1.2 Develop membership, structure, mission of COD Policy Academy workgroup - composed of consumers and supporters - to develop and oversee this educational strategy. This workgroup will include representatives from both OCA (Office of Consumer Affairs in Behavioral Health Services Division of NM Department of Health) and VO R&R (Recovery and Resiliency Department within New Mexico ValueOptions).	Co-leaders of the COD Policy Academy	Academy workgroup members with IC staff / consultants.	Formation of effective, representative Academy workgroup to guide work on this strategy.	Membership list. Written mission statement and organizational structure.	Spring 2006, and ongoing as needed.

	Action 4.1.3 Identify existing educational state and national resources as potential links/partners. Consider peer networks, websites, provider agencies, state BH Planning Council, State Purchasing Collaborative, ValueOptions, Office of Consumer Affairs, Double Trouble in Recovery, Peer Bridgers, Depression Bipolar Society of America,, Parent's for Behaviorally Different Children, National Alliance for the Mentally Ill and other advocacy organizations.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants.	Identification of potential partners and resources that could assist with implementation of this strategy.	List of potential partners and resources.	Fall 2006
	Action 4.1.4 Develop links/partnerships with appropriate stakeholders to support implementation of this strategy, including the Collaborative's Local Collaboratives.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants.	Strengthen work on this strategy via linkages with other groups concerned with this issue.	Documented contacts. Notes regarding collaborative work with these groups,	Summer 2006
	Action 4.1.5 Obtain and review existing educational programs, curricula, and research regarding effective models for public education and constructive dialogue.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants,	Identification of effective models for public education and constructive dialogue.	Copies of educational programs and curricula, with reviews and research.	Fall 2006
	Action 4.1.6 Develop education plan.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants,	Plan to guide effective implementation of this strategy.	Written plan.	Winter 2006-7
	Action 4.1.7 Create training, supervision, and support for presenters/leaders of educational program(s). (This could include 'train the trainers' model.)	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants,	Development of effective presenters/leaders of educational programs.	Documentation of training, supervision, and support programs.	Summer 2007
	Action 4.1.8 Explore grant support and other funding to sustain ongoing mission of educating consumers and their supporters around co-occurring disorders and recovery/resiliency.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Develop means to sustain educational work after COSIG.	Documentation of funding sources.	Ongoing

Strategies	Actions	Manager	Imple-menter	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.2 In collaboration with the COSIG Implementation Center, identify and develop consumer/supporter partnerships with appropriate stakeholders to facilitate improved care regarding COD recovery/resiliency.	Action 4.2.1 Develop membership, structure, mission of COD Policy Academy workgroup - composed of consumers and supporters - to develop and oversee this strategy. This workgroup will include representatives from both OCA and VO R&R.	Co-leaders of the COD Policy Academy.	Academy workgroup members with IC staff / consultants	Formation of effective, representative Academy workgroup to guide work on this strategy.	Membership list. Written mission statement and organizational structure.	Winter 2006-7
	Action 4.2.2 Research partnership/collaboration models between consumer/supporter and other stakeholders that result in improved care.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Identification of effective models of partnership/ collaboration between consumer/ supporter and other stakeholders that result in improved care.	Documentation of research findings.	Winter 2006-7
	Action 4.2.3 Identify current New Mexico consumer/supporter partnerships supporting delivery of care to persons with COD.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Identification of current partnerships within New Mexico.	List of partnerships.	Winter 2006-7
	Action 4.2.4 Choose focus/priority. Build on current programs and/or design/develop new programs. Consider: o Training for effective "partnerships", including consumer/supporters working with professionals in clinical training and delivery of care o Training for effective representation on decision-making bodies (e.g. board training) o Training for effective competencies across all cultures in aspects of training and care	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Determine priorities for focus by the Academy/IC to support achievement of this strategy, and develop implementation plans.	Designation of priorities and implementation plans.	Summer 2007

	○ Training for effective consumer/supporter advocacy ○ Adequate compensation for consumer/supporter participation ○ Appropriate grievance process, including utilization of ombudsperson ○ Role of "Cultural ambassador" / consumer liaison					
	Action 4.2.5 Develop links/partnerships with appropriate stakeholders to support implementation of this strategy.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Strengthen work on this strategy via linkages with other groups concerned with this issue.	Documented contacts. Notes regarding collaborative work with these groups,	Summer 2007
	Action 4.2.6 Develop supports for partnerships between consumers/supporters and other stakeholders, including shared decision making, mediation, conflict resolution strategies.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Develop supports/ skills to strengthen and sustain these partnerships.	Documentation of plans and processes to develop these supports.	Summer 2007
	Action 4.2.7 Develop and implement CQI processes within all partnerships.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Development of effective CQI process that supports evaluation and improvement of partnership programs.	Documented CQI process(es).	Summer 2007

Strategies	Actions	Manager	Imple-menter	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.3 Develop and implement certified COD peer specialist/provider program/protocols (for peer and family work).	Action 4.3.1 Develop membership, structure, mission of COD Policy Academy workgroup - composed of consumers and supporters - to develop and oversee this strategy. This workgroup will include representatives from both OCA and VO R&R.	Co-leaders of the COD Policy Academy.	Academy workgroup members with IC staff / consultants	Formation of effective, representative Academy workgroup to guide work on this strategy.	Membership list. Written mission statement and organizational structure.	Spring 2006
	Action 4.3.2 Identify and coordinate with other state groups in New Mexico concerned with peer providers, including peer specialist program at OCA.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants,	Linkage/ coordination with relevant groups to support achievement of this strategy.	Documented contacts. Notes regarding work with these groups,	Spring 2006
	Action 4.3.3 Research educational models regarding COD and peer providers, including 1. basic material pertinent to all peer providers, and 2. advanced curriculum for peers specializing in COD service population.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Identification and evaluation of educational models regarding COD and peer providers.	Documentation of findings.	Fall 2006
	Action 4.3.4 Review peer provider education programs in New Mexico, in particular regarding COD.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants,	Identification and description of current peer provider education programs within New Mexico.	List of peer provider education programs and description of their curricula.	Fall 2006
	Action 4.3.5 Define content of education / training specific to COD peer provider. Work with educators (e.g. OCA) to develop guidelines for basic and advanced curriculum. Consider: ➢ engagement skills ➢ information regarding co-occurring disorders	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Development of effective, appropriate curriculum.	Curriculum guidelines and suggested content.	Winter 2006-7

	➢ integrated, individualized, recovery-oriented treatment planning ➢ medication and symptom management specific to COD ➢ shared decision making ➢ self-help programs ➢ WRAP (Copeland's Wellness Recovery Action Plan) for Dual Diagnosis ➢ family support ➢ use of alternative therapies (i.e. sweat lodge, massage, acupuncture / acupressure, biofeedback, aromatherapy / essential oils)					
	Action 4.3.6 Define participant eligibility/prerequisites for basic and advanced training. Consider: ➢ peer specialist certification and/or peer counseling certification ➢ appropriate peer experience	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Appropriate preparation for participation in training.	Written participant eligibility/pre-requisites for basic and advanced training.	Winter 2006-7
	Action 4.3.7 Work with provider agencies to develop an environment that supports peer education, peer support, peer providers, and peer involvement in policy, evaluation, training, etc.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Opportunity and support for peer programs within provider agencies.	Description and implementation plan.	Spring 2007
	Action 4.3.8 Work with existing peer and clinical educators to develop a training plan for peer providers and provider agencies. Plan will address partnerships between provider staff and peer providers in collaborative provision of care.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Training of provider agency staff encourages support and collaboration with peer programs.	Training plan.	Summer 2007
	Action 4.3.9 Support development of guidelines around accountability to ensure clinical and peer supervision of peer providers.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Adequate supervision of peer providers.	Written guidelines.	Fall 2007

	Action 4.3.10 Assist with development/maintenance of a network of peer support for peer specialists to decrease isolation and increase sharing of knowledge.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Effective peer support network for peer specialists.	Documentation of development and structure of peer support for peer providers.	Fall 2007
	Action 4.3.11 Define CQI process. Consider: ➢ consumer outcomes ➢ age-related appropriateness ➢ competence across all cultures	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	CQI process results in improved peer provider program and improved consumer outcomes.	Documentation of CQI process.	Fall 2007
	Action 4.3.12 Research funding and grant opportunities to support COD peer provider programs, e.g. infrastructure, training, licensure costs.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants	Increase funding resources supporting peer provider programs.	Research findings: list of funding possibilities.	Ongoing
	Action 4.3.13 Work with COSIG demonstration sites to develop model peer provider programs. Link peer specialist and staff clinical training programs. Include plan for supervision and support of peer providers.	Co-leaders of COD Policy Academy and Chair of workgroup.	Academy workgroup members with IC staff / consultants,	Model peer provider programs within COSIG demonstration sites.	Documented plan.	Spring 2007